

# NATIONAL RURAL HIT WORKFORCE SUMMIT SEPTEMBER 22<sup>ND</sup>, 2009

# Summit Overview

- **Many national healthcare leaders have speculated that a new workforce crisis is emerging.**
  - As the U.S. health care industry begins to convert antiquated paper record systems to modern information technology systems, it lacks a comprehensive plan to educate a comprehensive HIT workforce that will support this transformation.
- **Meeting the increasing demands will require responses from both the U.S. health care industry and institutions of higher education.**
  - In order to align educational and training resources with anticipated needs, more quantitative data is required.

# Overall Summit Recommendations: Data Development

- **Strategy:** Determine the backgrounds, job roles, and career pathways for those who work in HIT. This should be done by conducting a comprehensive, national workforce study to inform needs based on demand.
- **Actions:** Identify job types, education and training required for them, and career progression pathways, differentiating between rural and urban settings. Inform stakeholders of the results, especially healthcare organizational leaders as well as prospective workers seeking career guidance and education. Continue data collection over time, as job roles and competencies are likely to change as EHR adoption increases and progresses to more advanced levels.
- **Stakeholders:** Consumers, healthcare providers, students, health care organizations, educational institutions, states, and rural healthcare systems.
- **Resources:** Money, time, ARRA recipients report, ONC HIT Research Center, Agency for Healthcare Research and Quality (AHRQ), and HRSA Workforce Research Center.
- **Time:** While a comprehensive workforce assessment will take considerable time and resources, methodology development and preliminary data collection can begin immediately.

# Overall Summit Recommendations: Policy

- **Strategy:** Identify gaps in current federal program eligibility. Ensure flexibility and create organic policy so it cuts across all federal lines. Work with federal incentives and require collaboration for an integrated network. Encourage compatibility among state requirements with state level programs aligned among different states. There is a need for interdisciplinary training.
- **Action:** Coordinate among federal partners for IT. Create business models and create certification programs. Identify a rural health organization to lead rural HIT workforce policy message.
- **Stakeholders:** Federal: National Governors Association, Congressional Delegates, National Conference of State Legislatures  
Private: Markle Foundation, Robert Wood Johnson Foundation, Commonwealth Fund, Kellogg Foundation  
Other: For-profit technical schools, Physicians, Land Grant Colleges, national rural health organizations
- **Resources:** Toolkits, co-ops, best practices, AT&T, IBM, Cerner, Department of Defense, VA, and HIT RECs.
- **Time:** One month for talking points and toolkit

# Overall Summit Recommendations: Workforce Resources

- **Strategy**: Examine and document what HIT education programs currently exist. Assess new skills sets needed to prepare IT workforce for the future. Identify current workforce re-training opportunities.
- **Action**: Create a sustainable business plan and template for small and remote health providers Build modules for workforce retraining in CEUs required for health professionals.
- **Stakeholders**: Educational institutions, state boards (integrate HIT into certification
- **Resources**: Loan repayment programs /scholarships, international models, and Department of Labor.
- **Time**: Short Term: Incentives (w/in 6 months).  
Long Term: Content/curriculum development,  
Integrate curriculum into health care professional training.

# Key Aspects in Planning for Rural HIT Workforce: Short-term Goals

1. All worker types are needed (Not just IT support)
2. Co-ops providing HIT services
3. Online education
4. Training incumbent health care workers
5. Funding for tuition at various levels (federal and state loan repayment programs)
6. Sharing workers through a network
7. Send recommendations to HIT RECs

# Key Aspects in Planning for Rural HIT Workforce: Long-term Goals

1. Develop outreach for high school students about HIT careers
  - Dual enrollment/high school and community college
  - Pathway to bachelor's degree from associate degree (demonstrate the incentive for seeking an advanced degree)
2. Faculty production goals for various levels of HIT workers
3. An agreed upon (or mandated) curriculum for pathways including core competencies
4. Develop one academic discipline to bring together HIM, Informatics and Clinical

# Capturing Resources and Advocating for Rural Solutions

- **Community Engagement:** Create a community of support from the bottom-up. If there is a best practice at the community level, grow it to meet the state needs. All rural health providers and communities need help on how to grow their own workforce to stay in their rural areas.
- **Existing Workforce:** Cross train professionals in the health care workforce. Use the Indian Health Services ‘Clinical Applications Coordinator’ as a model.
- **Funding:** Use existing grants to help with costs (HRSA, Loan repayment, USDA broadband, etc.). Demonstrate that HIT has a return on investment.



# Capturing Resources and Advocating for Rural Solutions (cont)

- **Networks:** Partners should collaborate with all appropriate workforce training centers to develop co-ops, collaborations, networks in rural areas to share knowledge, resources, and staff. Share best practices and prepare for turnover.
- **Partnerships:** Do not duplicate the work of Area Health Education Centers (AHECs). Use AHECs to start educating for HIT (continuing ed). Develop a common message to HRSA leadership. Partner with the local HIT REC. Partners need to be working with junior high and high schools to recruit future IT professionals.

# Capturing Resources and Advocating for Rural Solutions (cont)

- **Recruitment:** Focus on the category of workers, especially the cultural change aspects. Recruit military-trained IT workforce. Develop multiple levels of recruitment for outreach/marketing. We need a national HIT spokesperson to market and promote HIT careers.
- **Training:** Use the emergency preparedness model and federal training programs such as public health as a template for training. Also use HIT Regional Extension Centers (HIT RECs) and Area Health Education Centers (AHECs) for training and use train the trainer models.

# Contact Information

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[http://www.ruralcenter.org/?id=hit\\_coalition](http://www.ruralcenter.org/?id=hit_coalition)